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Original Communications.

CASE OF POISONING FROM CYANIDE OF POTASSIUM. DEATH. AUTOPSY. REMARKS UPON OTHER CASES, &c.

Read before the Boston Society for Medical Improvement, December 13th, 1869, by Dr. ALFRED L. HASKINS.

ABOUT 10½ o'clock Thursday evening, December 9th, 1869, I was hastily summoned to visit a man in Lagrange Street, who, while intoxicated, was supposed to have fallen down stairs and broken his neck, or to have been prostrated suddenly by some internal disease. Upon my arrival at the house I found him lying upon a lounge. The eyelids were partially closed. The eyes presented a glistening aspect. The pupils of both eyes were considerably and equally dilated. His mouth was open; within was found a large cud of tobacco. Upon the right side of the forehead there was a slight abrasion of the skin. The extremities were cool. The limbs were easily flexed, and the mouth was closed without difficulty. Respiration had ceased, the pulse could not be felt, and the pulsations of the heart could not be heard.

The cold douche, artificial respiration and violent shaking of the body were employed, but all attempts to arouse him were fruitless. The following history was learned concerning him :—

He was a married man, aged 33 years, and generally in good health, but for years he had been addicted to the free use of alcoholic drinks. He was an artist in a photographic establishment. For two weeks he had not followed his occupation, but had been "on a spree." During the day of Thursday he had indulged very freely. At 6½, P.M., he ate a hearty supper. At about 8½, P.M., he went out, and in three-fourths of an hour returned so intoxicated that he could scarcely walk. He sat for a while in his room. His wife was reading, and paid but little attention to his movements. She observed, however, that he took a package from his vest pocket and, unfolding it, took in his hand a white substance which she supposed to be confectionery, as he was frequently in the habit of bringing confectionery to her. He soon arose and informed his wife that he was going to the water-closet. In about twenty minutes she heard him ascending the stairs which lead to the basement. She heard him walk through the front entry and ascend a few of the front stairs. She noticed nothing peculiar in his step, but his breathing was panting. This did not particularly attract her attention, as she had frequently heard him pant in the same way while ascending stairs. When he was about half way up she heard a fall. From her room, which was on the second story, she ran down the stairs, but, there being no light in the hall, she could see nothing. On reaching the foot of the stairs, she found him lying upon the stairs with his head resting upon the hall floor. As no assistance was immediately available, four or five minutes elapsed before he could be carried to his room. Just as two gentlemen came to remove him he was heard to make a noise, as if attempting to vomit. No other sound was afterwards heard, nor any movement of the body observed.

To my question, whether any medicine had been taken, a negative answer was given. An investigation of the localities which he had last visited revealed the following :—Upon a table in the basement a goblet was found, in which were about six drachms of a transparent liquid. At the bottom of the goblet were four or five small, hard, white, irregularly shaped masses. As the substance which was dissolved in the liquid had been deposited upon the sides of the goblet, the quantity of fluid which the goblet had contained could be distinctly seen. It was seven or eight ounces. The same substance had been deposited upon the side of the goblet from which the liquid had been poured in drinking. Upon the inner side of the goblet, and near the brim, was a small piece of tobacco. The tablecloth, near where the goblet stood, was stained with the coloring matter of tobacco. The floor, beneath that portion of

the table where the goblet was placed, was wet with melted snow, which had evidently come from a pair of boots. There were found also upon the floor three or four matches which had been used, and a piece of paper which corresponded to the piece which had contained the supposed confectionery.

The goblet with its contents, which, from the appearance of the white masses and the odor of peach which was thought to be exhaled, was considered to be cyanide of potassium, was taken to the office of Dr. John Homans, where the substance was subjected to a hasty analysis.

A piece of the solid mass applied to the tongue caused a sensation of pungency and coolness. The reaction of the liquid was alkaline. A solution of nitrate of silver dropped into a portion of the liquid produced a dense white precipitate of cyanide of silver, and left the supernatant liquid clear. The precipitate was wholly dissolved by the addition of ammonia. Muriatic acid being added to some of the liquid, hydrocyanic acid was evolved. The liquid exercised a remarkable bleaching power upon the tincture of iodine and a solution of the ammonio-sulphate of copper. A solution of sulphate of iron added to a portion of the liquid, and followed by dilute hydrochloric acid, produced the beautiful color of Prussian blue (ferrocyanide of iron).

Autopsy.—At the autopsy, made sixteen hours after death, I was kindly assisted by Dr. J. F. Appell.

The skin presented a pale aspect. Rigor mortis very marked. It was with the greatest difficulty that the limbs could be in the least flexed or extended. The mouth was firmly closed. Upon the right side of the forehead there was an abrasion of the skin about an inch square. The pupils were considerably dilated. The muscles of the chest and abdomen were of a dark red color. The lungs were somewhat congested, especially at their posterior aspect. The mucous membrane of the bronchi was quite red. There was about a drachm of clear serum in the pericardium. The heart was quite small. The left side of the heart was firmly contracted and contained but little blood. The right side of the heart was filled with dark colored, fluid blood. The walls of the heart were of normal thickness. With the exception of one small coagulum in each cavity of the heart, no coagula were anywhere found. From every cut vein there was a profuse flow of blood. The mucous membrane of the œsophagus was of a deep red color. The entire mucous membrane of the stomach was of an intensely crimson color. Dotted over the surface were small elevations of the same red appearance. There was no thickening or ulceration of the mucous membrane. The membrane was covered with a considerable coat of viscid mucus. The stomach contained about ten ounces of a thick fluid composed of partially digested food, mucus and some blood. The duodenum and a portion of the jejunum presented the same crimson appearance as the stomach. The remainder of the small intestines and the large intestines presented nothing abnormal. The pancreas was healthy. The spleen and kidneys were much congested. The substance of the liver was more red than normal. Its serous coat was very red. The bladder was empty and firmly contracted.

The brain and spinal cord, owing to the objection of friends, was not examined.

An examination of the contents of the stomach by various tests, revealed the presence of hydrocyanic acid. The characteristic odor of hydrocyanic acid was clearly distinguished. The presence of hydrocyanic acid was detected in the blood. A microscopical examination of the blood presented nothing abnormal in the appearance of the corpuscles.

The symptoms in the above case are, unfortunately, almost wholly wanting. The privy, which the deceased expressed his intention of visiting, was situated outside of the building, and to reach which he must have passed through considerable snow. From the fact that melted snow was found upon the floor beneath the table where the goblet stood, and also from the fact that at the autopsy the bladder was found completely empty, it is probable that he first visited the privy. After taking the fatal dose he walked through a kitchen, across a short entry, ascended a flight of stairs, passed through another entry and had partly ascended a second flight of stairs before he fell. One minute at least must have been occupied in passing this distance. Five minutes probably elapsed before assistance came, when he was heard to make a noise as if attempting to vomit. From the time that he drank the liquid till death took place, an interval of ten minutes *may* have elapsed. The quantity of the liquid which he drank was six or seven ounces, and, as quite a thick film of the salt was deposited on the sides of the goblet, it is probable that the solution was quite strong.

The necroscopic appearances of the different organs of the body were those which are most frequently found in cases of poisoning from cyanide of potassium or hydro-

cyanic acid—viz., rigidity of the muscles, dilatation of the pupils, venous engorgement, fluidity and dark color of the blood, contraction of the left side of the heart and fulness of the right side, and intense congestion of the œsophagus, stomach, small intestines, spleen and kidneys.

This, we believe, is the only case of death from cyanide of potassium reported in this vicinity, in which a *post-mortem* examination was made. In vol. lvi. of this Journal, in the Reports of the Boston Society for Medical Improvement, a case of fatal poisoning from cyanide of potassium is reported by Dr. C. E. Ware. In this case a teaspoonful of a solution, containing seven grains of the cyanide to a drachm of water, was given by mistake. Almost immediately there was a severe burning sensation in the stomach, and a call to stool. The patient began to sink directly and became unconscious. Death took place in less than an hour. There were no convulsions, but a sudden convulsive movement of the body about ten minutes after the heart had ceased to beat. There was no autopsy. In vol. lxxiv. of this Journal, Dr. J. C. Warren gives a case of poisoning from this drug. A porter in a machine shop, two hours after a hearty meal, feeling thirsty, dipped a cup into a jar of liquid which he supposed to be drinking water, and drank about three drachms before he discovered his mistake. About twenty-three grains of the cyanide of potassium were swallowed. Two minutes afterwards he became senseless. About thirty-five minutes after swallowing the draught he came under Dr. Warren's observation. He was then insensible. Respiration was slow and labored. The eyes were open and fixed. The pupils were dilated. The veins of the face and neck were very prominent. The pulse was full, regular and rapid. The stomach was thoroughly washed out with warm water by means of the stomach pump. A solution of ammonia was afterwards injected into the stomach. During this operation there were convulsive movements of the extremities, followed by rigidity. There was some tendency to opisthotonos. The paroxysm continued about a minute. The patient soon began to revive, and in a few hours was completely restored. In the same volume of the Journal, another case is mentioned by Dr. J. C. White in some editorial remarks headed "Poison on Draught." A stranger in Boston, being thirsty, entered a jeweller's shop and asked for water. He was directed to the rear, where seeing a large jar such as is used for holding ice-water, he lifted the cover and drank about half an ounce of the liquid, which contained about half a drachm of the cyanide of potassium. He became insensible in five minutes, and died in half an hour. There was no autopsy. The remarkable escape from death in the former case, and the prolongation of life in the latter case, were probably owing to the fact that the stomach was filled with food. A dose of five grains has proved fatal in twenty minutes. The medicinal dose is one-eighth of a grain.

The extensive use of cyanide of potassium in the arts affords abundant opportunity for mistaken or intentional poisoning, and it behooves physicians not to assume that every sudden death, which takes place in the community, is a case of heart disease or apoplexy. So available is the cyanide of potassium, and so sudden and quiet is it in its action, that, in Europe especially, it is becoming the fashionable drug which the suicide and the poisoner employ, who wish to do their work surely and quickly.

OPIUM EATING CURED BY BELLADONNA POISONING.

Reported by E. M. Webster, M.D., Kingsville, Ohio.

Mrs. C., aged 36 years, was admitted into the Ashtabula County Infirmary, April 22d, 1869:—Disease, opium eating of eight years' duration.

Apr. 23d, 1869, gave to nurse half an ounce of fluid extract of belladonna, and directed her to give the patient ten minims every eight hours for twenty-four hours. At two o'clock, P.M., was requested to see patient, who was supposed to be dying.

*Found her in a lethargic state, pulse and respiration nearly normal;** muscular system so extremely relaxed as to render deglutition very difficult.

Ascertained that four hours after taking prescribed dose (while nurse's back was turned), patient swallowed one half the contents of the phial (℥ij.), which fact was not discovered until the effects of the poison were noticed. Two and a half hours had elapsed since taking the poisonous dose, when I found her in the condition above stated.

The stomach responded feebly to sulph. zinc and mustard seed. Only what was administered was ejected, and that only when lying on the face. Each effort to vomit was followed by slight tetanic spasm, to which there appeared a persistent ten-

* Italics are ours.—Ed.

dency. I then tried friction with capsicum and aqua ammonia along the spine, and one grain of the sulph. of morphia internally. Three o'clock, tetanic symptoms subsiding; muscular relaxation as before; retching with some subsultus; pulse weak and unsteady. Ordered one grain of morphia in whiskey.

3.30 o'clock; less relaxation, moves her arms and picks at the bedding. Gave her another grain of morphine in whiskey.

4 o'clock; makes some effort to answer questions, but no intelligible answer obtained. 4.30 o'clock; answers rationally at times, and is gradually improving. She took nothing but milk and coffee, prefering it to food for five or six days; during that time, the pupils remained dilated, and the skin moist and clammy.

On the 20th of May she was discharged as cured of the habit of opium eating. On recovering from the effects of the belladonna she had none of the distress complained of by opium eaters after being deprived of that drug. Her own words were, "I should not think of opium or morphine unless spoken to about them."

Sept. 16th.—Her husband writes, "Mrs. C. is as free from the habit or influence of opium as ever she was or any other person is, and she has gained twenty-five pounds since she came home. The greatest quantity of morphine taken in eight days was three drachms." Her friends had reduced it to half an ounce of opium each week, but were unable to limit it farther when she was received into the Infirmary. She was not herself, so much was the suffering for want of more of the drug, until after taking the belladonna.

Selected Papers.

THEORETICAL AND PRACTICAL MIDWIFERY.*

[We take this synopsis from the *British and Foreign Medico-Chirurgical Review*, because of the great amount of condensed instruction it contains.—Ed. B. M. & S. Jour.]

After ten years' interval we again bring to notice the most complete treatise of the day on midwifery. The seventh edition of Cazeaux, revised and annotated by M. S. Tarnier, is the fifth translated edition of Dr. Bullock. The work is, of course, well known to writers on obstetrics, but we think it ought to be placed in every hospital library within the reach of the student.

M. Tarnier has fairly accomplished his task of bringing the original work up to the present time, and without altering the felicitous style of Cazeaux he has, by retouching the text where necessary, given a new direction and meaning to the original ideas.

Some alteration has been made in the plan of the old edition, and M. Tarnier has availed himself of recent researches as to the structure of the uterus and ovary. Thus he refers to M. Rouget's memoir, and describes the erectile tissue of the uterus, the muscular layers in the broad ligament, and in the stroma of the ovary. Following M. Sappey he tells us that—

"The ovary is composed of a central portion and of a superficial, which he calls the ovigenic layer, and which alone contains Graafian vesicles. These M. Sappey calculates are over 300,000 in each ovary, making near 700,000 for the individual. If, therefore, all the ova existing in the surface of the ovaries of a young woman were to be fecundated and undergo all their phases of development, it would require but two women to furnish inhabitants for a capital like Paris, containing 1,600,000 souls. * * * There are as many ovisacs in the fœtus as there will be at puberty."

In the description of the chorion, M. Robin's essay in *Le Journal de Physiologie*, 1861, is largely made use of; and his views regarding the placenta are also given in detail.

Three theories are offered as to the cause of the position of the fœtus in uterô—the oldest, viz., that of gravitation, has been lately reasserted with additional evidence by Dr. Duncan. M. Dubois's theory is that—

"The vertex presentation is a consequence of the instinctive will of the fœtus itself; and Cazeaux suggests that, as the uterus being developed during the first six months at the expense of its fundus is spread out superiorly, but, on the contrary, is much contracted below, it is evident that the pelvic extremity which from the folded condition of the lower limbs is much more voluminous than the head, must naturally lie in the largest cavity, that is, toward the fundus, and consequently that the cranium will descend to the cervix. There can be no doubt that the inferior part spreads out in the last three months nearly as much as the fundus, but then the fœtal vertical diameter is too long to permit it to traverse

* Theoretical and Practical Midwifery. By P. Cazeaux. Revised and annotated by S. Tarnier. Fifth American from the seventh French Edition, by Wm. R. Bullock, M.D. Pp. 1124.

the transverse diameter of the uterus, and hence, with some few exceptions, the child is forcibly retained in the position it first assumed."

M. Tarnier has added to the chapters on the mechanism of labor a brief review of M. Pajot's teachings on the subject.

"The head and body of the fœtus form two masses, the long diameters of which have opposite directions, from before backwards for the head, and transverse for the body. These two diameters are at right angles to each other; whence it happens that when one of the two parts has a direction adapted to its ready exit from the pelvis the other will have an opposite direction.

"We have thus to describe six stages in the delivery:—

"1st stage	. Compression	} of the first fœtal part.
2d "	. Engagement	
3d "	. Rotation	
4th "	. Disengagement	} of the second fœtal part."
5th "	. Rotation	
6th "	. Expulsion	

In the treatment of the secundines, the directions are to draw gently on the cord, and wait for an hour or so after the child has passed before taking them away; and no allusion is made to the method much advocated at present in England of taking away the secundines a few minutes after the child, waiting only long enough for the uterus to rest and again contract, and, if needful, introducing the hand while all the soft parts are relaxed. A chapter is added by M. Tarnier on hydatids of the uterus chiefly drawn from Dr. Cayla's thesis. The effect on the fœtus depends on the amount of disease in the chorion. Should all the villi become dropsical, the death of the fœtus would necessarily ensue, and occurring at a period very near that of conception, it might undergo solution in the amniotic fluid and thus disappear. Should the alteration be more recent or less complete, we should have an embryonic mole in which the body of the fœtus would present various grades of development. Most writers who have noticed the subject hold similar views as to the pathology of this condition of the ovum. Dr. Farre says—

"It is almost needless to observe that the presence of a true chorion structure, which these substances invariably exhibit even in their most degenerated and abnormal forms, constitutes unquestionable evidence of a prior act of impregnation."

Dr. More Madden supports by facts and argument an opposite opinion.

"The numerous theories," says he, "by which the formation of inter-uterine hydatiform masses has been accounted for, may all be included in one or other of the following hypotheses:—The first and most recent of which is, that hydatid moles are necessarily connected with impregnation, and are the result of embryonic death and morbid growth of some portion of the ovum. The second is, that hydatid moles are not connected with pregnancy at all, but are simply the result of diseased ovarian action. The last, and perhaps the oldest of the theories referred to, is, that these vesicular uterine masses are similar in their structure and development to the true hydatids found in other parts of the body. * * * The first of these theories is, I think, clearly disproved (as a universal law) by the numerous cases on record in which uterine hydatids were expelled by unmarried women whose chastity was unimpeachable. I therefore think it by no means improbable that some of these instances might be accounted for on the supposition that a morbid action or monstrous growth may occur in one of the Graaffian vesicles which modern physiology has shown are discharged from the ovaries at each menstrual period, and that his hydatidiform disease of the unimpregnated ovum may be in some way connected with ovarian disease."

Dr. Madden refers to five cases, two related by Dr. Ashwell, in one of which the patient was a widow of two years, and of undoubted reputation; in another, a maiden lady, where the hymen was unruptured, and of whose chastity there could not be a suspicion; two cited by Dr. Ashley, one of which was under his own care, and symptoms of hydatid formation appeared a few weeks after delivery, and under circumstances which precluded the possibility of a subsequent impregnation, the other related by Dr. Knoch, of Heilgenbeil; and a case related by Dr. Hamilton, where the lady had been living apart from her husband for two years, and he was satisfied as to her chastity.

On the point of treatment, when the diagnosis is established, Dr. Madden differs from M. Pajot, the present Professor of Obstetrics at the Clinique in Paris. In a case where the patient supposed herself pregnant three months the professor advised "the insertion of a gum elastic catheter through the os internum, and the administration of ergot."

Dr. Madden says—"As cases have occurred where hydatids coexisted with natural pregnancy, interference may run the grave risk of destroying a living fœtus."

With respect to the alimentation of wo-

men directly after confinement, M. Le Groux, of the Hôtel Dieu, is quoted as adopting the views now pretty general here, and especially insisted on by Dr. Graily Hewitt, in giving meat and soup.

In the chapter on abortion, repeated small venesections are recommended as a prophylactic, where the patient is plethoric, and powdered saviné when she is anæmic.

In contraction of the pelvis, M. Tarnier gives 2 5-8 inches as the least diameter compatible with safe delivery. Churchill states that a living child cannot pass through a pelvic whose small diameter is less than three inches.

In unavoidable hæmorrhage M. Tarnier would plug, and wait; and, secondly, if necessary, rupture the membranes.

Dr. Barnes's views as to the development of the placenta and its zonic attachments, on which he founds his treatment of unavoidable hæmorrhage, are not alluded to, though M. Tarnier seems well acquainted with his uterine dilator, which instrument M. Tarnier uses in conjunction with one of his own invention where premature labor is to be induced.

M. Tarnier's instrument consists of a gum elastic catheter, the upper end of which being made with thin walls, dilates into a ball when filled with water or air. This he passes with a guide into the uterus. The ball prevents its expulsion, and the ovular membranes remain unbroken. As soon as the cervix admits, M. Tarnier introduces Barnes's dilator. The other obstetric operations, as the use of the forceps, vectis, cephalotribe, with M. Pajot's method of "repeated cephalotripsy without traction," Cæsarean section, &c., are fully described.

M. Tarnier has most ably put the finishing touches to Cazeaux's description of albuminuria during pregnancy, and its connection with eclampsia; he sums up the causes of albuminuria as arising from either —1. Super-albuminosis of the blood, for though the albumen is diminished relatively to the mass of the other constituents, there is a marked predominance of albumen as compared with the corpuscles (Gubler); or—2. Over distention of the renal vessels; or—3. Albuminous nephritis, which may be either primary or secondary.

Mr. Geo. F. Markoe, an expert Boston chemist, has produced hydrate of chloral more beautifully crystallized than any of the imported samples which have come to our notice.—*N. Y. Medical Gazette.*

TRANSFUSION OF BLOOD.

Report of a Vivisection, illustrating Lectures on the Blood, by Prof. Freer, Rush Medical College. Reported by F. L. Wadsworth, M.D., Chicago, Ill.

The following account of a vivisection, performed before the class, at Rush Medical College, on the 10th Dec., by Dr. Freer, Professor of Physiology and Microscopic Anatomy, may be of value to your readers.

A dog, the weight of which was fourteen pounds avoirdupois, was anæsthetized, the left carotid artery and jugular veins were exposed, a canula inserted into each, and secured by ligatures. Sufficient time was then allowed for the animal to recover his consciousness from the effects of the anæsthetic, when the stop-cock of the canula inserted into the artery was turned, and the blood allowed to flow until sixteen ounces were extracted and the force of the heart's pulsations so reduced that no more could be drawn from the artery with the animal lying horizontally upon his right side. Respiration now gave evidence of syncope, the limbs were rigid, the jaws set, death was impendent.

Meantime, a portion of the blood drawn had been defibrinated and kept at its normal temperature, by a warm water bath. It was now (twenty minutes from the time it commenced to flow from the artery) passed through the canula, by means of a syringe, into the jugular vein. In this manner seven ounces of defibrinated blood were returned to the system of the animal.

On the introduction of the first ounce there was observed decided evidence of increased vigor. During the injection of the second ounce, by some defect in the apparatus, air was admitted into the vein. Instantly the animal succumbed; a tremor affected his entire system, and respiration ceased. Prof. Freer remarked that the animal's life had been sacrificed by the accident; but by convulsive efforts he regained respiration, and in two or three minutes the effects of the occurrence had disappeared. When the seventh ounce had been introduced there remained little, if any, disturbance of respiration, the heart's vigor was nearly restored, the muscular spasm had subsided, and there was apparently no more disturbance of the system than usually occurs at this period after the administration of chloroform for any ordinary operation.

In eight minutes after the blood had been returned the animal raised his head and observed intelligently; and twelve minutes thereafter he voluntarily raised himself and walked across the room, some twelve or

fifteen feet. The day following he was sprightly and playful, and the second day after the operation he travelled nearly a quarter of a mile without any evidence of fatigue whatever.

This *vivisection* occurred during the delivery of a lecture on the blood, by Prof. Freer, and was introduced to illustrate the function of the red blood corpuscles in their immediate relations to respiration and the maintenance of vitality, and to demonstrate the fact that fibrin takes no immediate part in restoration from exhaustive hæmorrhage, serum serving as the vehicle of the vitalizing corpuscle, and that transfusion with defibrinated blood may be performed somewhat leisurely and with impunity, care being taken that the instruments used are nicely adapted for the exclusion of air from the vessels.—*Chicago Medical Journal.*

TNE INTERNATIONAL MEDICAL CONGRESS AT FLORENCE.

[From the Dublin *Medical Press and Circular* we take the following account, by a special correspondent of that journal, of the proceedings of the International Medical Congress during its recent session at Florence.]

The Medical Congress met on the 23d instead of the 20th of September, as a meeting of medical men and scientific people was still going on at Innspruck on the 20th. To repay for the loss of time, it was settled that every day two sittings should be held —one, according to the questions of the programme, in the morning, and a second in the afternoon, upon free subjects. It would be impossible, and perhaps useless, to report all the details of those sittings, but I suppose that it may prove interesting to English physicians to hear something concerning the most important subjects which were discussed during the session.

The first subject, and which, as the most interesting, occupied four full morning sittings, was the one of marsh-miasma, its origin, its nature, and what are the best means to destroy, or at least to counteract it. Dr. Pantaleoni, who first treated generally the subject, and others like Dr. Umara, Dr. Spaturri, Dr. Mingrona, gave details about the miasma of Sardinia, of the valley of the Liris, and of the Brutian countries. It is really admirable the accord existing amongst Italian physicians about the laws which rule the development of the palustrian miasma. They all agree on the laws promulgated by Dr. Pantaleoni, that the miasma rises not only from marshes, but also from land newly excavated; that it does not rise very high from the surface of the ground, but it may be carried by the winds to a great distance, and so infect distant villages and towns more than those which, sheltered from the wind, lay near the marsh itself. They all agree that an amount of heat, mixed chiefly with dampness, is necessary for the creation and development of the miasma, which otherwise is nowhere to be found; but where are vegetables is putrefaction; cryptogams in formation, either from the fungous deposits of the marsh, or by stagnant waters on newly excavated earth. So Dr. Pantaleoni concluded that the palustrian miasma is of a vegetable origin, almost as surely as the one of typhus and typhoid is of an animal origin, and therefore two quite different sets of fever, the last generally catching, and the others completely deprived of the contagious or infectious nature. Dr. Pantaleoni went even further, proposing, as a most probable hypothesis, that the miasma should be considered as a real plant, a kind of *alga*, whose spores, carried in the air, should produce the affection. He had determined to undertake some experiments upon the subject in the Pontine marshes, and had invited Dr. Balestra, of Rome, to help him. However, Dr. Balestra had on his own account entered on the same line of most interesting experiments, by which he has shown that the fog and the air of marshes is infested with myriads of spores from an *alga* peculiar to the marshes, and which he named *febrigenica*, and Dr. Pantaleoni *pyretogenica*; that the influence is in proportion to the development of those spores; that by inhaling or drinking them in water, the ague is almost always produced; and that the application of a solution of quinine kills those *algæ* in twelve to twenty hours; an arsenical solution is less active, and the sulphites even less. The infusoria or animalculæ exist in the transported air, although they exist in the fog of the marshes.

These particulars separate immediately Dr. Balestra's (of Rome) experiments from those of Dr. Salisbury of the United States, as this last saw animals and spores. He attributed the affection to a *palmella*, which is demonstrated to be impossible, and then never saw quinine *acting* upon it. Dr. Balestra's observations confirmed so well the proposition of Dr. Pantaleoni, that a vote of the Congress was presented, to state that the existence of those cryptogams as a cause of miasma was a real discovery; but

Dr. P. himself opposed it on the ground that the experiments and observations were not numerous enough; that many other points remained to be cleared, as the way by which those spores acted, if locally or entering in the blood, where it was necessary to ascertain their presence to fix the doctrine as a fact. The Congress deferred willingly to these remarks, and it was proposed that new studies should be brought to a future Congress.

But another important point was maintained by Dr. Pantaleoni in his communication, and that is, that not only *agues*, but very frequently a *remittent continuous fever*, is produced by slow imbibition of the miasma, and that the nervous fever of Rome, the putrid so-called, belongs almost always to this class. He gave all the characters and differences of this fever in distinction from typhoid, as he had already done in the Congress at Paris, and demonstrated its connection with the miasma. Several other Roman physicians also read communications upon the *remittent*, concurring in Dr. Pantaleoni's ideas; but there are other physicians who do not admit it.

It was also remarkable how all the Italian physicians agreed in the idea that the chief cause of the fevers and malaria had been the neglect of agriculture, leading to the destruction of the population, and they advocated a return to the old state as the best means of counteracting the malaria. Dr. P. chiefly insisted upon the dangers of adopting the system of great drainage, at least without having previously by large plantations counteracted the increased development of the miasma; and he at the end expressed the hope that perhaps some chemical means may be found of impeding the vegetation of the mortiferous algæ.

Only one person, Dr. Salvagnoli, differed from the others. He advocated again an ancient Tuscan doctrine, that the malaria was originated from the mixture of salt or sea water with river or marsh water, and therefore he thought that large brooks may prove useful. Dr. Pantaleoni demonstrated the inconsistency of this doctrine with facts —1st. Salt water mixes necessarily everywhere with river water at the mouth of those; in those countries where the tide is strong, sea water comes up for several miles on the river, mixing the two waters, and no malaria is ever originated from that circumstance. 2d. Marshes exist at Verona, at Mantau, in Hungary, on the Ohio, and in India, at immense distance from the sea, and where there is no possibility of the mixture of the two waters. 3d. In all those facts quoted by Dr. Salvagnoli, as in the estuary of Venice, or the cataracts constructed with such an advantage in Tuscany, it is the mud carried by rivers, and full of vegetable substance which has been excluded, or through those valves it has been checked, the repulsive action that the sea exercises everywhere upon the rivers, throwing difficulties to the free discharging of the matter carried with the waters to the sea. Dr. P. advocated again the vegetable matter of the miasma, which is admitted by almost all the present physicians.

Few things were added about treatment, as too obvious to any physician and practitioner.

Another subject might interest English physicians. It is the introduction of *marine hospitals* for scrofulous and lymphatic cases. A Dr. Barellai, by no means a man of any great intellectual distinction, but endowed with the most benevolent instincts and great perseverance, has proceeded to introduce into Italy a great number of those establishments at the sea-shore, where in summer, through the help of the municipalities and public charities, a great number of cases, chiefly of children, are yearly sent for baths, air, sun, and good food, with a very great profit to public health. Dr. Barellai read a paper giving an account of these establishments, which was loudly applauded.

The question of the treatment of cancer, or cancerous tumors, through hypodermic injections, was brought by the programme before the Congress. Dr. Lofrana brought in his system of obtaining disintegration through the injection of gastric juice in the tumor; but, honestly, he remarked how different were the effects in different attempts made by him (Dr. Lofrana) in different cases. Prof. Lebrief, a Professor of Physiology, invited to a particular sitting upon the subject, and those with a superior science and multifarious experiments, demonstrated how difficult it is to get real gastric juice, excepting they have followed so many precautions as he demonstrated indispensable to get it, and always active. However, Dr. Lebrief disapproved of the use of the gastric juice, showing how terribly dangerous its use would be if it penetrated inside one of the sanguineous vessels, as gastric juice acts upon fibrinous as well as albuminous tissue. Introduced into a vessel, gastric juice produces thrombosis and death almost always in animals. Dr. Lebrief, instead of the gastric juice, strongly advocated the use of pancreatic juice injections, as this liquor does not af-

fect fibrine and the vessels, but only discloses the albuminous deposits of the scirrhous, cancerous, and cancroid tumors. The learned Professor, with numerous experiments, demonstrated the best way of getting good pancreatic juice, which, however, he could not himself get pure and active for a very long time.

Dr. Pantaleoni read a communication upon Dr. Chapman's spinal ice bags, and their application to several cases of vomiting, chiefly those obstinate vomitings that sometimes appear, almost rebellious to any treatment, from an irritation of the *unimpregnated* womb. He quoted several cases of success, and chiefly one which had been the puzzle and the despair of all the physicians who had before attended it. He then spoke of several other applications of those bags against neuralgias, giving a beautiful but obstinate case of lateral abdominal neuralgia where the cure had been complete. Dr. Pantaleoni quoted four cases recently published by Dr. Chapman. The communication was eagerly received, as it was quite new to all the physicians present. All wished to try it; Dr. Chapman ought to provide an agency for the sale of his bags somewhere in Italy.

Dr. Pantaleoni gave a notice of Dr. Cruise's endoscope, or rather of Dr. Cruise's improvements to the one of Desormaux, and quoted many cases of its application, and also to the internal cavity of the womb. The instrument was unknown, very much admired, and the general wish was to have a depôt of such an instrument in Italy.

Dr. Laravewitch, from Russia, presented an embriotome, really very useful, and a complete set of obstetrical instruments, which are a practical improvement upon the existing ones.

Dr. Tassi, of Rome, communicated the report of his practice amongst men employed on the railway, and he presented an interesting work upon it.

Dr. Routh sent a communication upon the mortality amongst children in England, which was considered a very interesting one.

Dr. Lombard, at Geneva, gave maps of mortality upon the earth, tracing with different colors the seasons when the mortality was the highest in each point of the globe, and also the countries where the mortality was the greatest.

Dr. Pantaleoni, in a second lecture, spoke of the essential fevers, returned to the existence, character, extension, and treatment of the miasmatic remittent, and took the occasion of entering upon the subject of miliary fever. English physicians do not, perhaps, know that the Tuscan and Piedmontese physicians, and the first chiefly, speak almost of nothing but miliary and miliary fever, to which they attribute all the possible symptoms and all the mortality of Tuscany. Dr. Pantaleoni, with multifarious reasons and facts, denied the very existence of such a disease, except as an unimportant exanthematous eruption, or as an epiphenomenal sign of another fever. He demonstrated how frequently in France, in England, and everywhere, miliary eruptions accompanied typhoid and typhus fever without certainly constituting the essence of the disease; how frequently they were to be seen even in smallpox, in scarlet fever, and measles, only as a symptomatic occurrence; and he concluded that all the cases of miliary which he had met in four years in Italy were cases of remittent fevers, not, as considered by the Tuscan school, cases of zymotic diseases accompanied with miliary eruption. He saw only one case of essential miliary eruption, but it was accompanied with a slight fever, just as it might be in a case of urticaria or nettle-rash.

Such an attack, although delivered in the kindest and most eulogistic terms for the Tuscan profession, could not but excite an uproar amongst some and plaudits amongst the Neapolitan and foreign physicians who partook of Dr. Pantaleoni's views on the subject. Professor Ghinozzi gave a long speech next day in answer to Dr. Pantaleoni; but the defect of this doctrine remained always the same. No precision of description, no pathognomonic symptoms or signs, uncertainty in diagnosis, in prognosis, in treatment—an indefinite state of it from head to foot. The fact is, that the miliarists make a complete confusion of essential and of symptomatic or epiphenomenal miliary eruption, and, such being the case, it is impossible that they could ever come to a practical conclusion upon it.

Dr. Baccelli, of Rome, presented a plexiometer of his invention, to which, however, he attributed those exaggerated praises which usually all inventors of instruments do. Dr. Baccelli read also a paper upon pernicious fevers, and tried to develop a doctrine about an abdominal circulation between spleen, liver, and stomach, which, however, was strenuously contradicted by Dr. Sterzen and Dr. Schief, with such an overwhelming accumulation of experiments and of proofs against it, that there was no possible answer in its defence, although Dr. Baccelli, a physician certainly endowed

with much talent, tried his best to defend his conclusions.

Another very important subject was treated:—the comparative advantages of hospital treatment, or of *sécours à domicile*. Dr. Bouillaud rose in favor of the hospitals, chiefly on the score of public instruction. Dr. Pantaleoni, and more extensively Dr. Seitz, of Munich, spoke in favor of adding to the indispensable existence of the hospitals and of the hospital instruction the instruction of the policlinick schools as introduced in Germany, and as much as possible in our social and political state, the distribution of medical treatment and medicines in private houses or at least in barracks, opened as much as conveniently to the air. The statistics quoted by Dr. Seitz about the comparative result of the two systems leave no room for doubt when and where the second system can be employed.

The Congress was closed the 2d of October. The kindness and the benevolence shown by the Tuscan physicians to their colleagues are beyond all praise. Without exception, thanks are due to Professor Brugnoli, Dr. Bos, Professor De Marian, Professor De Renzio, Professor Palasciano, Dr. Pantaleoni, and all the committee and well-wishers of the Congress.

The next International Medical Congress was fixed for 1871, at Vienna.

Medical and Surgical Journal.

BOSTON: THURSDAY, JANUARY 13, 1870.

ETHERIZATION IN LABOR.

THE story of the golden and silver shield comes up again in the question of the expediency of using sulphuric ether in labor. The experience of some practitioners leads them to one solution of the problem—of others, to the opposite conclusion. A third party, again, are led by observation to take one ground at a certain time, to change it at a later stage of professional work.

When first it was ascertained that the pains of parturition might be abated, and still the process go on to its completion, the discovery was hailed as an immense boon to women in childbirth, and ether was in frequent requisition. A few protested against the employment of the agent in the lying-in room as an improper interference with the plan of Providence, which had ordained that man should be ushered into the world by the pangs of travail. But, with most, common sense set aside this objection.

The new broom swept clean. As with other novelties, all that was heard of it, at first, was in its praise. Parturient women inhaled a little ether as the pains were coming on, and thus the latter were abolished, or so diminished as to be comparatively trivial. But, after a while, there appeared those who had seen the reverse of the shield. In now and then an exceptional case etherization seemed to let loose the uterine contractions, so that they proceeded with alarming vehemence. It was much more common to hear it asserted that it weakened them, and rendered labors tedious that had previously to its use been going on well.

Among those who sustain the last-mentioned proposition, there are differences of impression as to what stage of parturition the pernicious influence comes into operation. One finds that, when in the second stage the expulsive action is in force, the ether had better be withdrawn in order that the involuntary process may be aided to the fullest extent by the voluntary efforts of the parturient. Another says that it is just here that he gives the anæsthetic, because, labor being now well established, it will not be prevented from completing its purpose. This latter observer has seen delay caused in the first stage, and perhaps annoying restlessness, with loss of moral and physical control; but is met with the reply of a third obstetrician that he has succeeded in overcoming that same worrying and fatiguing jactitation by etherization. True observers all—but hasty generalization has followed.

Because the attendant of the lying-in room had met with a certain class of results in a considerable number of cases, he naturally, but erroneously, inferred a rule for such cases in general—an instance of what we believe is called in logic reasoning from the minor to the major proposition. Few of us, perhaps, even yet appreciate how large a collection of facts is necessary to establish a law.

All that we can say with certainty in this

matter is that, leaving out of view dystocia (in which might be included cases where the pains are of abnormally great intensity), etherization has worked well with some parturients, badly with others. Possibly some practitioners may be skilful enough, proceeding *à tâtons*, to discriminate somewhat among cases of natural labor those in which it will be likely to be of benefit.

We are tempted here to use a very unscientific term, and say that the play of "luck" comes in. We well know that, strictly speaking, there is no such thing as luck, no such thing as chance. Everything is regulated by law, to the devious and apparently capricious path of the mote in the sunbeam. Even the voluntary actions of human beings come *under* law, so that the fatalist historian could calculate the proportion of suicides in the English metropolis for each season of the year. On the basis of this immutable law rests what is called, with apparent paradox, the "doctrine of chances," which regulates important affairs of practical business. Now, to make the application. Given a sufficiently large number of instances of physiological or pathological action, and divide them among a certain limited number of observers who shall manage this physiological or pathological action with equal skill and in the same way; then, and on these conditions, we assume that the different kinds of results would fall in tolerably equal proportion to each individual observer. But, in point of fact, we often have to wait long, at least, before we have any such grand scope accorded to observation. Each deals with fragments of the mass. And so there is a glut here, a dearth there —a deluge at one period, a drought at another. And sometimes the cases are few, while the observers are many.

It is a familiar fact that one practitioner will have several cases of placenta prævia, while his neighbors of perhaps larger practice, and more years of it, never have a case. So, too, in certain not very common surgical operations, one operator from the first, and before, as well as after, he has acquired experience, will have a large share of success; while other surgeons, acknowledged to be of as great skill, and quite as careful manipulators, will be afflicted with ill results. Again, a practitioner attends a large amount of scarlatina during a certain epidemic, with scarcely a fatal case, while other physicians are losing many patients. But, the next time this scourge of childhood comes round, although he pursues the same treatment as before, it becomes his turn to abound in fatal cases. In all these instances there is merely coincidence in fragmentary collections of facts. Thus, the above explanation of our use of the term being premised, we say some practitioners have been merely "lucky" in the use of etherization in labor (different individuals in different stages), others "unlucky."

One point in this connection needs to be carefully borne in mind—the supposed danger of *post-partum* hæmorrhage when ether has been inhaled by the child-bearing. It is sufficient ground for wariness to be told by able obstetricians, who have dealt with hæmorrhage after delivery, that more than once after etherization, the, to them familiar, indications of flooding have been such as to constrain them to remain two or three hours in the lying-in room after the birth of the child. This note of warning is not founded on "hasty generalization," since *caution* demands only a *prima facie* case.

There are those who give ergot to prevent *post-partum* hæmorrhage, whenever they administer ether in labor. We have, in a former article, considered the question of using the former drug by itself. Its employment combined with etherization remains for separate investigation by whomsoever will enter upon its elucidation.

WE TOLD YOU SO!—We take the following passages from a leader in the New York *Medical Gazette*:—

"On the evening of Friday, the 10th instant, a paper of no little interest, entitled "*The case of Hermann Albert, a medico-legal study*," was read before the Medical Journal Association, by Dr. R. L. Parsons, Resident Physician of the New York City Lunatic Asylum. It appears that a young man named Hermann Albert, who had been twice an inmate of the Bloomingdale Asylum for the Insane, and several times a patient at the New York City Lunatic Asy-

lum, was brought before Judge Ingraham the week previous, on a writ of *habeas corpus*, and was discharged as an improper subject for detention in an Asylum for the Insane. Little was said in the paper regarding the unprofessional evidence, beyond the simple fact that in the opinion of several shrewd business men, Albert was not insane. Of the medical testimony educed there seemed to be three grades:— First, the opinions of men who knew nothing whatever, either of the relator or of the study of mental diseases; secondly, the opinions of those who were either well acquainted with the relator or with the subject of insanity—but not with both; and, thirdly, the testimony and opinions of those who were both well acquainted with the mental history and condition of the relator, and well versed in the study of insanity. The medical men belonging to the first of these classes, were fully persuaded that Albert was not at all insane; those of the second class thought he was insane, but were not particularly decided in the expression of their opinion; while those of the third class expressed a decided and unequivocal opinion, that Albert was then insane, and dangerous, if allowed to go at large. * * * *

"Many points of great importance were noticed in the paper that were not brought out in the evidence.

"There is little doubt that a competent board of inquisitors would have had no difficulty in satisfying themselves and the court that the relator was really insane. On the night previous to his discharge, he was maniacal; in the morning he wrote an incoherent document, and the moment the judge pronounced his discharge, he commenced making an irrelevant, crazy speech in court.

"We have been told that on the fourth day after his discharge, Albert was recommitted to the asylum in a state of acute mania, since which time he has been incoherent, noisy, violent and destructive—the prolonged excitement attending the investigation in court cannot have proved otherwise than highly prejudicial, to say nothing of the evils resulting from his premature discharge.

The Thirty-fourth Annual Report of the Industrial Aid Society for the Prevention of Pauperism, says, under the caption "Home for Convalescents":—

"From some experience in the cases that apply for assistance at the Bureau of Charity, and which do not seem to belong to the care or supervision of any of the societies in the building, a new home is suggested for a poor but respectable class of persons, who have been discharged from the hospitals and other places as convalescents. They have been accustomed to warm rooms, nourishing food, and good attendance. The change to coarse food, cold and wet rooms, and chance attendance, is not only hard to bear, but does away with all the previous advantage of the hospital, and makes the last state worse than the first. It is almost impossible for the hospitals to retain these persons until they are sufficiently strong to work, and they are supposed to have homes where they can be cared for. This may be the case or may not; but what kind of homes are they, and what kind of food and aid can be given a weak and delicate invalid?" There is at present but slight provision for this class of poor.

Extensive Lesion of the Skull, from Pistol Ball. By Edwin Bentley, Assistant Surgeon U. S. Army, San Francisco.—C. B., a native of Salem, Mass., and lately a resident at White Pine, by occupation a baker, aged 46 years, in a fit of despondency on the 6th of September, 1869, procured a four-barrelled Sharp's pistol, and repaired to a secluded locality in the suburbs of San Francisco, where he discharged one of its barrels into his head. On the following day he was found and taken to the Coroner's office, where, on the 8th, about forty-eight hours after death, the head was examined in the presence and by direction of Dr. Letterman, preparatory to the inquest. The ball entered the superior and anterior corner of the squamous portion of the right temporal bone, producing a stellated fracture, consisting of a superior fissure extending two inches, a posterior reaching quite to the occiput, and an inferior fissure running anteriorly across the greater wing of the sphenoid bone, to the orbital plate, producing a quadrangular-shaped fracture through the vault of the orbit, with sides from an inch to an inch and one-fourth. From the greater wing also, transversely across the body of the sphenoid bone, separating the anterior clinoid processes near their base, breaking up the ethmoid bone and loosening the vomer, continuing over to the opposite side, making a triangular fracture of the left orbital plate, and ending with a fracture of the greater wing of the sphenoid bone of the left side, running down two inches in depth in the temporal fossæ.

The ball was found in the medullary substance of the anterior left lobe, just in front of the fissure of Sylvius, and above the third convolution. It was flattened on one side, and rounded on the other, with a slight dent or concavity on the convex surface. The ball carried before it a circular piece of bone three eighths of an inch—the size of the opening it cut in piercing the skull. The brain was firm, and the course of the ball could be readily traced to the point where it was found imbedded. The extravasation of blood was confined to the temporal muscle of the right side, although a fracture and ecchymosis was observed on the left side on separating the scalp, before raising the calvaria. There was free hæmorrhage from the wound and right nostril.

Remarks.—At the time of the autopsy there were no apparent signs of commencing decomposition. Rigor mortis present. Body well nourished, and of medium size. The course of the ball was distinctly traceable in the substance of the brain, there being slight extravasation, and no coagulæ within the membranes, or between the dura mater and the bone. The entire lines of fracture appear to have been made by the single stroke of the ball. The skull at the seat of injury was one eighth of an inch in thickness, and the bones were nowhere observed to be unusually thin or brittle. The ball weighed 55 grains. The fracture was not simply a seam, perceptible on removing the pericranium and dura mater, but a "simple fracture with displacements;" so that, on raising the skull-cap, moderate force applied to the sections of the occipital and frontal bones readily separated the anterior and posterior portions of the skull through the course of the fracture, they being retained in position only by the attachment of the soft parts. This case is, in a measure, corroborative of the many facts accumulated by the earlier writers on surgery, to show that fractures on one side of the head occur from blows received on the other; for on exploring the skull, a fracture on the side opposite the wound was clearly observable. And also, creative of suspicion, that many recorded cases of this class of fracture were really continuous through the base of the skull; for from repeated experiments, I have demonstrated by slight maceration, a well-developed line of fracture at the base of the skull, which could scarcely have been detected without. There was no discharge from the ears—either sanguineous or serous—the latter so conclusive, when present, of fracture at the base of the skull; and the former of fracture of the petrous portion of the temporal bone. The special point of interest in this case is, the remarkable mischief produced by a single stroke of 55 grains of lead, when propelled by 6 grains of powder, at short distance.—*California Med. Gazette.*

Pregnancy with Hymen unbroken. By Dr. H. L. Horton, of Morrisania, N. Y.—On the morning of the 24th of September, 1861, I was requested to visit Mrs. ——, whom I was informed was in labor. I arrived at the house at 10 o'clock, A.M., and was shown immediately to the room of my patient, whom I found to be 21 years of age, of a nervo-bilious temperament, somewhat of a full habit, and evidently in labor. She informed me that it was her first labor, that it had commenced between 12 and 1 o'clock that morning; also that "she thought that she had another month to go." I immediately made an examination per vaginam, or rather attempted to do so, but failed, as I found the entrance to that canal so effectually closed that by the most careful and persevering application of the touch I could not discover even the slightest opening. Upon questioning the patient about it, she said "that she always thought that she was not like other women, she was so small." After placing the patient in a bright sunlight, I examined the parts through a large cylindrical speculum (I did not use the speculum because it was really necessary, but merely out of delicacy for the patient), through which I was yet unable to discover an opening. I next questioned the husband; he said, "that connection, such as it was, had always been painful, and that if all women were like his wife he was disappointed."

It now became evident that however extensive or complete the obstruction might be, it was congenital; also that there must be an opening through it at some point, for two reasons:—first, she had always menstruated regularly—though slowly—second, she was now pregnant. The questions naturally came up for solution, what is the nature of the obstruction? How much of the vagina does it involve, or in other words, how far does it extend? &c.

Upon resorting to the speculum the second time, and cleaning the surface of the obstruction thoroughly, by wiping it with cotton, it presented the appearance of a dense, whitish, fibrous structure, merging into the surrounding tissue, guarding the entrance to the vagina, so gradually, that no distinct line of demarcation could be observed. About the centre of the lowe

half of the obstruction, the patient being upon her back, I detected a small spot of reddish, tenacious mucus, which could not be detached by the cotton, but upon taking hold of it with a pair of forceps, it was found to connect through a small, round opening with something inside. A small silver probe, whose bulb point was exactly 1-16th of an inch in diameter, could, with a slight degree of force, be passed through the opening, the border of which appeared to be somewhat thicker than the surrounding structure, so that the probe passed with something of an elastic spring. By bending the point of the probe nearly to a right angle and passing it through the opening, I could, by depressing well the outer extremity, observe the bulb move along the inner side of the obstruction, which I now made out to be about the thickness of an ordinary dressed sheep-skin. Seeing my way clear, I at once introduced a bistoury, and made a crucial incision, after which I introduced my finger, and very much enlarged the opening by tearing, so as to avoid any hæmorrhage, should there be any bloodvessels in the structure. After the escape of a few ounces of dark, ropy-looking fluid, on introducing my finger I could now distinctly feel the bag of waters, which I at once ruptured, after which there could be distinctly made out a vertex presentation, with a L. O. I. position, anterior variety. The patient was now given an anodyne, in order —speaking mechanically—to put a balance wheel in the nervous system, which by this time had become somewhat disturbed in its movement. In due time it all calmed down; the pains became regular, and with sufficient force, so that about five o'clock, P.M., seventeen hours from commencement of labor, she was delivered of a fine, healthy male child.—*Medical and Surgical Reporter.*

A Case of Poisoning by the Oil of Tansy. By W. Aldright, A.M., M.D., Toronto.—As cases of poisoning by oil of tansy are not, I believe, of very frequent occurrence, I thought it might be of interest to note a case with which I came in contact recently.

On the 24th of August, Mrs. —— consulted me regarding her daughter's health, a prominent symptom being a cessation of the catamenia. I prescribed a chalybeate mixture, and saw nothing more of my patient until the 27th of September. Her appearance then aroused suspicions, which I confided to her mother. I visited her the next morning, and, after a careful examination, told her I believed her to be *enceinte*, which she strenuously denied. That evening a messenger summoned me, saying that Miss —— was "in a fit." I found her perfectly unconscious, though not profoundly comatose; pulse feeble and somewhat frequent; pupils slightly dilated. I fancied that I could detect a faint odor of tansy on her breath; but her mother told me she had been drinking camomile tea, and had not had any tansy. I gave her a mixture containing ammoniated tincture of valerian, determining to return shortly. On doing so in about half an hour, I found that she had vomited a little, and the odor of the tansy was now too strong to be concealed. I managed to get her to drink some warm water, thus keeping up the emesis, and ordered an enema of mustard and water, and afterwards gave her castor oil, suspended in milk. In a couple of hours she was so far recovered as to be able to talk. The next morning all symptoms were gone, except some lightness and pain of head.

I was afterwards informed that before my arrival the patient had been frothing at the mouth.

She asserts that the quantity taken was not over half a teaspoonful; that it was obtained (from a druggist in a tumbler) there being only the one dose. As she refused to give the name of the druggist, further investigation of the subject was prevented.

I may add that no uterine disturbance has ensued; and that the calculations of the patient now agree with physical signs, confirming my opinion that she was between four and five months gone when the abortion was attempted.—*Canada Medical Journal.*

Many years ago we attended a case which was the counterpart of this.—Ed. B. M. & S. J.

The Contagious Diseases Act.—There is great interest evinced by a large section of the Medical Profession in the extension of the Act called the Contagious Diseases Act of 1866 to the civil population. Only a few in our ranks have as yet protested against this experiment; and among the few we have to notice the name of Dr. Chas. Bell Taylor, of Nottingham, who, in a pamphlet of sixteen pages, wages battle against the ideas of Mr. Skey and the Admiralty Commission in a very telling manner. Dr. Taylor quotes from the Blue Book to show that women are sometimes falsely accused of being prostitutes. Thus, Mr. Parsons, one of the Surgeons under the Act, is asked by Dr. Brewer how he knows that women not prostitutes have been brought to him,

and replies, "I know one instance of my own knowledge, by my happening to know that the woman was a respectable married woman." The women, it appears, sometimes keep coming up for examination, in order to avoid losing their character by being brought up before a magistrate; and it seems that the police, when they see a woman out at night, are very apt to suspect that she is a prostitute. Mr. Parsons adds that he has not had *many* cases of virtuous women thus insulted. Bravo! Mr. Parsons; and bravo! the law-givers, who only make felons of *all* the prostitutes, and don't insult many other women. It certainly is an advantage to be born a man. * * * *

The most telling of all arguments against the Contagious Diseases Act extension is quoted from Dr. C. Drysdale's remarks in the *Medical Press and Circular*, where that gentleman asserts that there seemed to him to be rather more cases of syphilis in Paris than he was accustomed to see in London Hospitals. Dr. Taylor also points to the fact that the police of Paris often insult ladies and other women by taking them for prostitutes. "Many a time" (he says, with indignation), "when I have witnessed the arbitrary interference of the Agents de Mœurs, in Paris, with all classes of females, have I said with honest pride, 'Such a villainous system would not be tolerated in England for a day.'" A couple of drunken sailors, says Sneller, of Utrecht, will infect twenty women in a week. Gonorrhœa, pseudo-syphilis, and syphilis are three diseases of very different gravity; and Balfour is reported to have said he was quite prepared to say that the Act was not successful in reducing the amount of true syphilis, which is the great thing we wish to do. Dr. Taylor shows that, if free hospitals had been opened, quite as much good would have been effected without any tyrannical dealing with women's liberty. Finally, Dr. Taylor shows that the amount of *contagious diseases* is slightly on the increase again in Woolwich, Aldershot, Chatham, Sheerness, Portsmouth and Devonport. Hence he asks a verdict against the Act on several counts. He also adds that many married men, who before had been contented with home indulgences, have now, trusting to the illusory powers of the State to secure "clean prostitutes" for all-comers, gone astray and contracted syphilis.—*Medical Press and Circular.*

We regret to hear that Miss Nightingale has been for years a prisoner in her room from ill-health.

Case of Abscess of the Liver evacuated by Bowditch's Syringe; Rapid Recovery.—On examination by Professor Maclean, of the Royal Victoria Hospital, Netley, the liver of private Johnson was found much enlarged, stretching four inches and a half below the false ribs, and upwards to the intercostal space between fourth and fifth ribs. A tumor, globular in shape and fluctuating, could be plainly seen and felt, proceeding from under the false ribs in the right hypochondrium, plainly hepatic.

On the 17th of April I drew off 16 oz. of "laudable" pus, using Bowditch's syringe, carefully excluding the external air. Immediate relief was experienced, pulse and temperature quickly fell to the natural standard, the patient soon regained flesh, and was discharged in excellent health.

Dr. Maclean adds that, "from the day the operation was performed he may be said never to have had a bad symptom. The puncture was so small that in a few days its exact position could not be distinguished. In this case there was a distinct history of previous dysentery, from which, in a chronic form, he was still suffering on admission. Yet, as the abscess was clearly single, it is not probable that it had a pyæmic origin. The rapidity with which the constitutional symptoms subsided after the operation was very striking.—*Medical Press and Circular.*

Dr. Lincoln recites in the Boston Medical and Surgical Journal, a case of "vigilance treated with chloral." From some recent developments we are inclined to treat chloral with vigilance.—*New York Medical Gazette.*

Somebody catch that *Gazette* man and hold him till "Nuss" comes!

London Gas.—It is stated that one hour after the gas of London is lighted, the air is deoxidized as much as if 500,000 people had been added to its population. It is also stated that, by the burning of gas twenty-four hours in London, more water is produced than would supply a ship laden with emigrants on a voyage from England to Australia.—*Chemical News.*

Bazin's Liniment in Pruritus.—Lime water and glycerine, of each 30 parts; oil of sweet almonds, 60 parts. Especially recommended to relieve the pruritus ani so frequent in arthritis.—*Union Méd.*

Medical Miscellany.

MR. EDITOR,—I received, very recently, by mail, the following *card*, post marked Philadelphia. On the ground that, many years since, I was a *tolerated* correspondent of the JOURNAL, though now in the *sere and yellow leaf* and retired from practice, I beg your patience and forbearance while I inquire whether I may not regard the direction of *such* a missive to myself as a gross insult? Or is the world getting on so fast that *all* the liberal professions are yielding to such puerile tricks and degrading frauds?

Jan, 1, 1870. LAMOILLE.

"*Collegiate Agency*.—This agency has been established for the purpose of giving such information as is generally necessary before entering upon a collegiate course of study, or taking any of the learned degrees. Books, medicines, instruments, &c., will also be sent C. O. D., at market rates, upon receipt of orders. Physicians' practices sold on accommodating terms. Through the recommendation of this agency, physicians, lawyers, clergymen and teachers can obtain the honors of all the universities in the United States, such as the degrees of A.M., A.B., M.D., S.D.D., D.D., LL.D., &c. For additional particulars, address" —— ——, —— ——, "Philadelphia."

MEDICAL COLLEGE CONVENTION. — To the Trustees and Faculties of all the Medical Colleges in the United States. The undersigned Committee, in accordance with the instructions of the Convention of Delegates from Medical Colleges, held in Cincinnati in May, 1866, respectfully and earnestly invite you to send delegates to a convention to be held in the city of Washington on the *Friday* preceding the *first* Tuesday in May, 1870, for the purpose of considering all subjects connected with medical college education, and procuring the coöperation of the schools in carrying out a uniform system of medical instruction. It is very desirable that every medical college in the country should be represented in the convention.

N. S. DAVIS,
S. D. GROSS,
GEO. C. BLACKMAN,
F. DONALDSON,
} *Committee.*

Chicago, Ill., Dec. 22, 1869.

DR. H. HAGER, denying the necessity of preserving chloroform in the dark, as prescribed by the Prussian Pharmacopœia, has, after numerous experiments, come to the conclusions, that:—1st. The chloroform of commerce always contains, besides chloroform, other chlorinated substances, to which the rapid change on exposure to light and air is due; 2d. Light alone does not decompose chloroform; 3d. The direct rays of the sun decompose commercial chloroform rapidly; diffused light but slowly; 4th. Air decomposes commercial chloroform, even in the dark, though slowly; 5th. 0.75 per cent. to 1 per cent. of alcohol is sufficient to preserve chloroform for more than a year, especially in diffused light; 6th. Chloroform may be in a state of decomposition, in which it does not show any acid reaction.—*The Pharmacist and Chemical Record.*

THE OLDEST RELIC OF HUMANITY.—The oldest relic of humanity extant is the skeleton of one of the earlier Pharaohs, encased in its original burial robes, and wonderfully perfect considering its age, which was deposited eighteen or twenty months ago in the British Museum, and is justly considered the most valuable of its archæological treasures. The lid of the coffin which contains the royal mummy was inscribed with the name of its occupant, Pharaoh Mikerinus, who succeeded the heir of the builder of the Great Pyramid, about ten centuries before Christ. The monarch whose crumbling bones and leathery integuments are now exciting the wonder-gazers in London, reigned in Egypt before Solomon was born, and only about eleven centuries or so after Mizraim, the grandson of father Noah, and the first of the Pharaohs, had been gathered to his fathers. The tidemark of the deluge would scarcely have been obliterated when this man of the early world lived, moved, and had his being.—*N. Y. Med. Record.*

TO CORRESPONDENTS.—Communications accepted:—Cerebral Convolutions, &c., a Review.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending Jan. 8, 1870.

Cities and towns.	Number of deaths in each place.	Prevalent Diseases: Consumption.	Pneumonia.	Typhoid Fever.
Boston	111	19	9	5
Charlestown	9	3	0	0
Worcester	23	5	3	1
Lowell	15	2	3	1
Milford	1	0	0	1
Chelsea	2	1	0	0
Cambridge	15	2	5	0
Salem	12	4	0	0
Lawrence	10	3	0	0
Springfield	4	1	0	0
Lynn	5	1	1	0
Fitchburg	1	0	1	0
Taunton	6	2	0	0
Newburyport	2	1	0	0
Fall River	7	1	0	1
Haverhill	3	0	2	0
	226	45	24	9

Boston reports seven deaths from scarlet fever and one from smallpox; Springfield two from smallpox.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

PAMPHLETS RECEIVED.—Fourteenth Annual Report of the Trustees of the State Lunatic Asylum at Northampton, October, 1869. Pp. 46.—Prize Essay. Acupressure. By Joseph C. Hutchinson, M.D., Brooklyn, N. Y. Pp. 22. With Plates.

DEATHS IN BOSTON for the week ending January 8, 1870, 111. Males, 52—Females, 59.—Anæmia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 2—bronchitis, 7—cancer, 1—consumption, 19—convulsions, 2—croup, 1—debility, 1—diarrhœa, 2—diphtheria, 2—dropsy, 2—dropsy of the brain, 5—drowned, 1—epilepsy, 1—scarlet fever, 7—typhoid fever, 5—gastritis, 1—hip disease, 1—disease of the heart, 2—infantile disease, 5—perforation of intestines, 1—intemperance, 1—disease of the liver, 1—congestion of the lungs, 6—inflammation of the lungs, 9—marasmus, 1—cerebro-spinal meningitis, 1—old age, 4—paralysis, 1—peritonitis, 2—premature birth, 1—puerperal disease, 2—scrofula, 2—smallpox, 1—suicide, 1—teething, 1—tumor, 1—unknown, 3.

Under 5 years of age, 38—between 5 and 20 years, 7—between 20 and 40 years, 35—between 40 and 60 years, 16—above 60 years, 15. Born in the United States, 65—Ireland, 36—other places, 10.